

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031604

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 4085 Registrar's No. 88

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hale,</u>		c. CITY OR TOWN <u>Hale,</u>	
Length of stay in 1b <u>7 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First <u>CECIL</u> Middle <u>LEONE</u> Last <u>GODSEY</u>		4. DATE OF DEATH Month <u>August</u> Day <u>16th</u> , Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/27/1886</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Glasgow, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Kaneer.</u>		13b. MOTHER'S MAIDEN NAME <u>James C. Godsey</u>	
14. NAME OF HUSBAND OR WIFE <u>James C. Godsey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mrs Gladys Parker, Hale, Missouri</u>		17. ADDRESS		17. ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Decompensated Cor Pulmonale</u> DUE TO (b) <u>Pulmonary Emphysema</u> DUE TO (c) <u>Branchogenic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>metastases To Liver</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:45</u> a.m. <u>1:45</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION : <u>Hale, Mo.</u> COUNTY <u>Carroll</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>6-3-63</u> to <u>8-16-63</u> and last saw <u>alive</u> on <u>8-16-63</u> Death occurred at <u>1:45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Norman F. Hansen</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Hale, Mo.</u>	
22c. DATE SIGNED <u>8-17-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
23b. DATE <u>8/18/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Avalon, Missouri</u>		23e. LOCATION (City, town, or county) (State),	
24. FUNERAL DIRECTOR <u>Clifford W. Austin, F-H, Hale, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mary Dean</u>		26. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Clifford W. Austin*  
Clifford W. Austin.

Licensed Embalmer No. **43233**

P. O. Address **Tina, Missouri.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.